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## BIB DATA SHEET

CONFIRMATION NO. 2376

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/690,389	10/21/2003 RULE	424	1619	6750-362-999
<b>APPLICANTS</b> Benjamin Oshlack, New York, NY; Mark Chasin, Manalapan, NJ; Hua-Pin Huang, Englewood Cliffs, NJ; David Sackler, Greenwich, CT;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/777,616 02/06/2001 PAT 6,743,442 which <del>and</del> is a CON of 09/360,056 07/23/1999 PAT 6,261,599 which <del>and</del> is a CON of 08/833,948 04/10/1997 PAT 5,958,452 which <del>and</del> is a CIP of PCT/US95/14745 11/03/1995 which <del>and</del> is a CIP of 08/334,209 11/04/1994 PAT 5,965,161 See Priority Section of Office Action. /CRL/				
<b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 01/20/2004				
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /CHRISTOPHER RAYMOND LEA/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR            COUNTRY</b> NY	<b>SHEETS            DRAWINGS</b> 17	<b>TOTAL            CLAIMS</b> 7
<b>INDEPENDENT            CLAIMS</b> 7				
<b>ADDRESS</b> JONES DAY 222 EAST 41ST ST NEW YORK, NY 10017 UNITED STATES				
<b>TITLE</b> Orally administrable opioid formulations				
<b>FILING FEE            RECEIVED</b> 4472	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	